



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD620048301 Vehicle Registration No: SHD4626C
Name (as shown in NRIC) : YEO SEE HENG NRIC/FIN/Passport No : SXXXX256E
***Vehicle Driver** (Vehicle Owner) (*) Please delete as appropriate
Address : 156 #04-708 ANG MO KIO AVENUE 4 Singapore (560156)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 28/05/2020 Time of Accident : 09:45
Place of Accident : ANG MO KIO AVE 4 X ANG MO KIO AVE 5
Insurance Company : MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION **AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit Police report..

my
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: xiaoyan
NRIC/FIN No.: _____
Date: 01.06.2020



SINGAPORE POLICE FORCE



T/20200528/2057

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

TAXI BUSINESS

08 JUN 2020

FLEET SAFETY

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Report No. T/20200528/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2020 20:34	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: YEO SEE HENG			Address: APT BLK 156 ANG MO KIO AVENUE 4 #04-708 SINGAPORE 560156		
ID Type / ID No.: NRIC NO / S0220256E			Contact No.: Home/Office: Mobile: 98556589		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 27/12/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2020 09:45	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 4 Cross junction between AMK ave 4 and AMK ave 5				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EX2628R	Car				Slightly Damaged	0
SHD4626C	Taxi				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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POLICE FORCE**



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Report No. T/20200528/2057

CONTINUATION OF REPORT

Driver				
Name	YEO SEE HENG		ID No.	S0220256E
Related Vehicle	SHD4626C (Taxi)		Contact No.	98556589
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/05/2020		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On the above mentioned date and time, I was travelling along Ang Mo Kio Ave 4 in my vehicle SHD 4626C

I was travelling forward in the 1ST lane at a speed of approx 30km/Hr as the traffic light is at my favor when all of a sudden, the vehicle EX 2628R dashed the red light and from Ang Mo Kio Ave 5 and collided head on onto the left rear portion of my taxi. Both of us then alighted to take photos of the damages to our vehicle.

I wanted to exchange particulars with the owner of vehicle EX2628R before moving off but he declined to provide me his particulars. He just said he will report to his insurance company and that I should do the same too

At that point of time, I had no passengers in my taxi and neither was there any passengers in his vehicle. From my observations, he did not suffer any injury and neither mentioned any injury suffered by him

There were several dents and scratches observed on the rear wheel of my vehicle and the wheel seems slightly displaced. The other vehicle's right front bumper was also dented and scratched, and his front vehicle plate dropped off.

I have a CCTV installed in my vehicle and it has been reviewed by my company - Comfort Delgro. I was advised to come lodge a police report by my company.

My left leg also suffered a minor cut. I have consulted a doctor @ Sunshine clinic Family Practice & surgery. MC number : MC129314 and is excused for duties for 5 days from 28/05/2020 to 01/06/2020 inclusive.



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POLICE FORCE**



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Report No. T/20200528/2057

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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 KOH WEE SIANG

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Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

[Signature]

Date/Time:

28/05/2020 20:34

Classification Of Case:

Authentication Stamp

NP168

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